

United States Bankruptcy Court
NORTHERN DISTRICT OF ILLINOIS

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Demus Jones, Oretha M.	Name of Joint Debtor (Spouse)(Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): NONE	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): xxx-xx-6724	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): 712 E. 158th St. South Holland IL	Street Address of Joint Debtor (No. & Street, City, and State):
<div style="border: 1px solid black; width: 100px; float: right; padding: 2px;"> ZIPCODE 60473 </div>	<div style="border: 1px solid black; width: 100px; float: right; padding: 2px;"> ZIPCODE </div>
County of Residence or of the Principal Place of Business: Cook	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): SAME	Mailing Address of Joint Debtor (if different from street address):
<div style="border: 1px solid black; width: 100px; float: right; padding: 2px;"> ZIPCODE </div>	<div style="border: 1px solid black; width: 100px; float: right; padding: 2px;"> ZIPCODE </div>
Location of Principal Assets of Business Debtor (if different from street address above): NOT APPLICABLE	

Type of Debtor (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below <hr style="width: 100%;"/>	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> Nature of Debts (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" </div> <div> <input type="checkbox"/> Debts are primarily business debts. </div> </div> Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		(This section is merged into the Chapter 11 Debtors section above)

Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> 1-49</div> <div><input checked="" type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> Over 100,000</div> </div> Estimated Assets <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div> Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input checked="" type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>	THIS SPACE IS FOR COURT USE ONLY
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <p style="text-align: center;">Oretha M. Demus Jones</p>	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
NONE			
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> X <u>/s/ MICHAEL R. RICHMOND</u> <small>Signature of Attorney for Debtor(s)</small> </div> <div style="text-align: right;"> 2/25/2008 <small>Date</small> </div> </div>		
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Oretha M. Demus Jones**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Oretha M. Demus Jones

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

2/25/2008

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

2/25/2008

(Date)

Signature of Attorney***X /s/ MICHAEL R. RICHMOND**

Signature of Attorney for Debtor(s)

MICHAEL R. RICHMOND 3124632

Printed Name of Attorney for Debtor(s)

HELLER & RICHMOND, LTD.

Firm Name

33 NORTH DEARBORN STREET

Address

SUITE 1600**CHICAGO IL 60602****(312) 781-6700**

Telephone Number

2/25/2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

2/25/2008

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

In re Oretha M. Demus Jones
Debtor(s)

Case Number: _____
(If known)

According to the calculations required by this statement:

☐ The presumption arises.

☒ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS

1A	<p>If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>											
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six month total by six, and enter the result on the appropriate line.</p>	Column A Debtor's Income	Column B Spouse's Income									
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$2,717.00	\$									
4	<p>Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Gross receipts</td> <td style="width: 20%; text-align: right;">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$0.00	b.	Ordinary and necessary business expenses	\$0.00	c.	Business income	Subtract Line b from Line a	\$0.00	\$
a.	Gross receipts	\$0.00										
b.	Ordinary and necessary business expenses	\$0.00										
c.	Business income	Subtract Line b from Line a										
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Gross receipts</td> <td style="width: 20%; text-align: right;">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$0.00	b.	Ordinary and necessary operating expenses	\$0.00	c.	Rent and other real property income	Subtract Line b from Line a	\$0.00	\$
a.	Gross receipts	\$0.00										
b.	Ordinary and necessary operating expenses	\$0.00										
c.	Rent and other real property income	Subtract Line b from Line a										
6	Interest, dividends, and royalties.	\$0.00	\$									

7	Pension and retirement income.	\$0.00	\$			
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.	\$2,000.00	\$			
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%;"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$0.00</td> <td>Spouse \$</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spouse \$	\$0.00	\$
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spouse \$				
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>child support</td> <td>\$500.00</td> </tr> </table> Total and enter on Line 10	a.	child support	\$500.00	\$500.00	\$
a.	child support	\$500.00				
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$5,217.00	\$			
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$5,217.00				

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$62,604.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>ILLINOIS</u> b. Enter debtor's household size: <u>5</u>	\$84,534.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$									
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> </table> Total and enter on Line 17	a.		\$	b.		\$	c.		\$	\$
a.		\$									
b.		\$									
c.		\$									
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$									

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	National Standards: food, clothing, and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$																
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2">Household members under 65 years of age</th> <th colspan="2">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 40%;">Allowance per member</td> <td style="width: 5%;">a2.</td> <td style="width: 40%;">Allowance per member</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>b2.</td> <td>Number of members</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </tbody> </table>	Household members under 65 years of age		Household members 65 years of age or older		a1.	Allowance per member	a2.	Allowance per member	b1.	Number of members	b2.	Number of members	c1.	Subtotal	c2.	Subtotal	\$
Household members under 65 years of age		Household members 65 years of age or older																
a1.	Allowance per member	a2.	Allowance per member															
b1.	Number of members	b2.	Number of members															
c1.	Subtotal	c2.	Subtotal															
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$																
20B	Local Standards: housing and utilities; mortgage/rent expenses. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 35%;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$							
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																
c.	Net mortgage/rental expense	Subtract Line b from Line a.																
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: <div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>	\$																
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$																
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$																

23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 35%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 35%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>										
26	<p>Other Necessary Expenses: mandatory payroll deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$									
27	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$									
28	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44.</p>	\$									
29	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$									
30	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$									
31	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.</p>	\$									
32	<p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service -- such as pagers, call waiting, caller id, special long distance, or internet service -- to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p>	\$									
33	<p>Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32</p>	\$									

Subpart B: Additional Living Expense Deductions**Note: Do not include any expenses that you have listed in Lines 19-32**

34	<p>Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">Health Insurance</td> <td style="width: 30%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	<p>Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.</p>	\$									
36	<p>Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>	\$									
37	<p>Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that reasonable and necessary and not already accounted for in the IRS Standards.</p>	\$									
38	<p>Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</p>	\$									
39	<p>Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.</p>	\$									
40	<p>Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).</p>	\$									
41	<p>Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40</p>	\$									

Subpart C: Deductions for Debt Payment

42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Name of Creditor</th> <th style="width: 25%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 30%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">e.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td colspan="2" style="text-align: right;">Total: Add Lines a - e</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	d.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	e.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines a - e		\$
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a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
d.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
e.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																																	
			Total: Add Lines a - e																																		

43	<p>Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>e.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>Total: Add Lines a - e</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$	d.			\$	e.			\$				Total: Add Lines a - e	\$
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																											
a.			\$																											
b.			\$																											
c.			\$																											
d.			\$																											
e.			\$																											
			Total: Add Lines a - e																											
44	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.</p>	\$																												
45	<p>Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 40%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: center;">Total: Multiply Lines a and b</td> </tr> </tbody> </table>	a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$																			
a.	Projected average monthly Chapter 13 plan payment.	\$																												
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c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																												
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$																												
Subpart D: Total Deductions from Income																														
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$																												
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION																														
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$																												
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$																												
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$																												
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$																												
52	<p>Initial presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).</p>																													
53	Enter the amount of your total non-priority unsecured debt	\$																												
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$																												
55	<p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>																													

PART VII. ADDITIONAL EXPENSE CLAIMS

56

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
	Total: Add Lines a, b, and c	\$

Part VIII: VERIFICATION

57

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: 2/25/2008 Signature: /s/ Oretha M. Demus Jones
(Debtor)

Date: 2/25/2008 Signature: _____
(Joint Debtor, if any)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Oretha M. Demus Jones*

Case No.
Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

- ☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*
[Must be accompanied by a motion for determination by the court.]
- ☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Oretha M. Demus Jones

Date: 2/25/2008

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Oretha M. Demus Jones*

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: **MICHAEL R. RICHMOND**

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 550.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 550.00
 - c) The unpaid balance due and payable is \$ 0.00
3. \$ 299.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: 2/25/2008

Respectfully submitted,

X /s/ **MICHAEL R. RICHMOND**

Attorney for Petitioner: **MICHAEL R. RICHMOND**
HELLER & RICHMOND, LTD.
33 NORTH DEARBORN STREET
SUITE 1600
CHICAGO IL 60602

UNITED STATES BANKRUPTCY COURT

NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under the plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family farmer (\$200 filing fee plus \$39 administrative fee)

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

I, the debtor, affirm that I have read this notice.

2/25/2008

Date

/s/Oretha M. Demus Jones

Signature of Debtor

Case Number

(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant in community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property		Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
		Husband--H Wife--W Joint--J Community--C		
None				None
No continuation sheets attached <div style="text-align: right;"> TOTAL \$ (Report also on Summary of Schedules.) </div>			0.00	

In re Oretha M. Demus Jones, Debtor(s) Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Park National Bank in Dolton, IL</i> <i>Location: In debtor's possession</i>		\$ 1,200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>Misc Household and Furnishings</i> <i>Location: In debtor's possession</i>		\$ 2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<i>Necessary clothing</i> <i>Location: In debtor's possession</i>		\$ 500.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			

In re Oretha M. Demus Jones, Debtor(s) Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.		1996 Chevy Beretta Location: In debtor's possession		\$ 1,000.00
		1996 Pontiac Grand Am Location: In debtor's possession		\$ 700.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			

In re Oretha M. Demus Jones, Debtor(s) Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property		Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
			Husband--H Wife--W Joint--J Community--C	
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total ➡				\$ 5,400.00

Case No. _____
(if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

☒ 11 U.S.C. § 522(b) (3)

[illegible]

B6D (Official Form 6D) (12/07)

In re Oretha M. Demus Jones,
Debtor(s)

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Co-Debtor H--Husband W--Wife J--Joint C--Community	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No:							
	Value:						
Account No:							
	Value:						
Account No:							
	Value:						
No continuation sheets attached							
						Subtotal \$ (Total of this page)	\$ 0.00
						Total \$ (Use only on last page)	\$ 0.00

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5646 Creditor # : 1 Aac Po Box 2036 28405 Van Dyke Rd Warren MI 48093	H					\$ 357.00
Account No: 8-0 Creditor # : 2 Acl Laboratories PO BOX 27901 Milwaukee WI 53227						\$ 510.20
Account No: 8-0 Representing: Acl Laboratories		Collection Services PO BOX 27901 Milwaukee WI 53227				
Account No: 8366 Creditor # : 3 ADVOCATE HEALTH 21014 NETWORK PLACE Chicago IL 60673						\$ 30.00
Subtotal \$						\$ 897.20
Total \$						

17 continuation sheets attached

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 8366							
Representing: ADVOCATE HEALTH		MALCOLM S. GERALD & ASSOC 332 S. MICHIGAN AVE. SUITE 600 Chicago IL 60604					
Account No: 8366							\$ 165.85
Creditor # : 4 ADVOCATE HEALTH Centers 21014 Network Place Chicago IL 60673							
Account No: 8366							
Representing: ADVOCATE HEALTH Centers		MALCOLM S. GERALD & ASSOC 332 S. MICHIGAN AVE. SUITE 600 Chicago IL 60604					
Account No: 9770	H	2004-04-08					\$ 67.00
Creditor # : 5 Affirmative Insuranc 150 Harvester Drive, Suite 300 BURR RIDGE IL 60527							
Account No: 9770							
Representing: Affirmative Insuranc		COLLECTION 700 LONGWATER DRIV NORWELL MA 02061					
Account No: 6793	H						\$ 396.00
Creditor # : 6 Afni-bloom 404 Brock Dr Po Box 3097 Bloomington IL 61701							

Sheet No. 1 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 628.85

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5803 Creditor # : 7 AMERICA ONLINE P.O. BOX 17400 Jacksonville FL 32245-7400		H--Husband W--Wife J--Joint C--Community					\$ 470.50
Account No: 0487 Creditor # : 8 AMERICA ONLINE P.O. BOX 29593 NEW YORK NY 10087-9593							\$ 115.60
Account No: 0487 Representing: AMERICA ONLINE		ALLIED INTERSTATE 3000 CORPORATE EXCHANGE DR. Columbus OH 43231					
Account No: 1267 Creditor # : 9 AMERICASH LOANS 880 Lee Street Suite 302 Des Plaines IL 60016							\$ 248.07
Account No: 1267 Representing: AMERICASH LOANS		Alliance Asset Management, Inc 330 Georgetown Square Suite 104 Wood Dale IL 60191					
Account No: 5459 Creditor # : 10 Americredit 801 Cherry St Ste 3900 Fort Worth TX 76102	J	2000-07-01					\$ 17,855.61

Sheet No. 2 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 18,689.78**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 5459 Representing: Americredit			PFG of MINNESOTA 7825 Washington Ave S Ste 310 Minneapolis MN 55439				
Account No: 5646 Creditor # : 11 AT&T BANKRUPTCY DEPARTMENT 175 W. Houston PO Box 2933 San Antonio TX 78299-2933	H		2006-11-01				\$ 357.00
Account No: 5646 Representing: AT&T			ASSET ACCEPTANCE LLC PO BOX 2036 WARREN MI 48090				
Account No: 2812 Creditor # : 12 AT&T Wireless P.O. BOX 1116 Minnetonka MN 55345	H		2004-12-01				\$ 143.00
Account No: 2812 Representing: AT&T Wireless			PALISADES COLLECTION L 210 SYLVAN AVE ENGLEWOOD NJ 07632				
Account No: 5527 Creditor # : 13 AT&T Wireless ATTN:CREDIT INVESTIGATION TEAM PO BOX 8758 Portland OR 97207	H		2004-12-01				\$ 204.00

Sheet No. 3 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 704.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 5527 Representing: AT&T Wireless			PALISADES COLLECTION L 210 SYLVAN AVE ENGLEWOOD NJ 07632				
Account No: 1002 Creditor # : 14 Bloom/fdsb 9111 Duke Drive Mason OH 45040	H		1999-11-01				\$ 1,960.00
Account No: 1002 Representing: Bloom/fdsb			LAW OFFICE OF MITCHELL N. KAY PO BOX 2374 CHICAGO IL 60690-2374				
Account No: 1581 Creditor # : 15 Cap One Bk Po Box 85520 Richmond VA 23285	H		1999-10-01				\$ 1,042.00
Account No: 8945 Creditor # : 16 CITY OF CHICAGO DEP. OF REVENUE Dept of Revenue-EMS 33589 Treasury Cente CHICAGO IL 60680-1292							\$ 283.00
Account No: 8945 Representing: CITY OF CHICAGO DEP. OF REVENUE			PROGRESSIVE RECOVERY TECH P.O. BOX 802079 Chicago IL 60680				

Sheet No. 4 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 3,285.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 4140							\$ 100.00
Creditor # : 17 CITY OF CHICAGO DEPT OF REVENUE PO BOX 88292 Chicago IL 60680							
Account No:							\$ 400.00
Creditor # : 18 City of Chicago-Bureau Parking 121 N. LaSalle St. Room 107 Bankruptcy Chicago IL 60602		Parking ticket fines IL Plate NO. 6474442					
Account No:							
Representing: City of Chicago-Bureau Parking		LINEBARGER GOGGAN BLAIR & SAMP ATTORNEYS AT LAW PO BOX 06152 Chicago IL 60606					
Account No: 4688							\$ 104.44
Creditor # : 19 COMCAST P O BOX 3002 SOUTHEASTERN PA 19398-3002							
Account No: 4688							
Representing: COMCAST		CREDIT PROTECTION ASSOC 13355 Noel Road Dallas TX 75240					
Account No: 1661							\$ 9,866.00
Creditor # : 20 Credit Acceptance Po Box 513 Southfield MI 48037	H	2004-02-01					

Sheet No. 5 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 10,470.44

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No:							\$ 10,948.00
Creditor # : 21 CREDIT ACCEPTANCE CORPORATION 25505 WEST TWELVE MILE ROAD P.O. BOX 513 Southfield MI 48037		judgment 05 MI 183527 Circuit Court of Cook County, IL					
Account No:							
Representing: CREDIT ACCEPTANCE CORPORATION		BLITT AND GAINES, PC. 661 Glenn Ave. Wheeling IL 60090					
Account No:							\$ 2,029.00
Creditor # : 22 DDS Sales, Inc 646 Burnham Ave Calumet City IL 60409							
Account No: 4064							\$ 160.00
Creditor # : 23 DEPT OF Administrative Hearing							
Account No: 7240							Unknown
Creditor # : 24 DEPT OF EMPLOYMENT SECURITY STATE OF ILLINOIS PO BOX 7350 Chicago IL 60680							
Account No: 3113	H	2002-03-01					\$ 71.00
Creditor # : 25 Evergreen Emergency							

Sheet No. 6 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 13,208.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3113 Representing: Evergreen Emergency		H--Husband W--Wife J--Joint C--Community MEDICAL COLLECTIONS SY 725 S. WELLS AVE STE 700 CHICAGO IL 60607				
Account No: 0848 Creditor # : 26 Evergreen Medical Sp	H	2003-08-01				\$ 180.00
Account No: 0848 Representing: Evergreen Medical Sp		MEDICAL COLLECTIONS SY 725 S. WELLS AVE STE 700 CHICAGO IL 60607				
Account No: 2047 Creditor # : 27 First Cash Financial	H	2006-05-01				\$ 445.00
Account No: 2047 Representing: First Cash Financial		PARAGON WAY INC 2101 W BEN WHITE BLVD AUSTIN TX 78704				
Account No: 0490 Creditor # : 28 First Credit Corporation PO Box 9300 Boulder CO 80301						\$ 2,029.00

Sheet No. 7 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 2,654.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
H--Husband W--Wife J--Joint C--Community						
Account No: 5925 Creditor # : 29 GFG Loan Company c/o Niko Credit Services 3435 N. Cicero Ave. Chicago IL 60641						\$ 270.90
Account No: 5925 Representing: GFG Loan Company		NIKO CREDIT SERVICES L.P. 3435 N. Cicero Ave. Chicago IL 60641				
Account No: EH00 Creditor # : 30 HIGHLIGHT BOOKS 1800 WATERMARK DR. Columbus OH 43218						\$ 20.70
Account No: EH00 Representing: HIGHLIGHT BOOKS		RMCB 2269 SOUTH SAW MILL RIVER RD. BUILDING 3 Elmsford NY 10523				
Account No: 9916 Creditor # : 31 Hsbc/saks 140 W Industrial Dr Elmhurst IL 60126	H	2002-09-01				\$ 265.00
Account No: 6724 Creditor # : 32 IL DEPT OF Revenue c/o Linebarger Goggan Blair & PO BOX 06140 Chicago IL 60606						\$ 494.03
<p>Sheet No. <u>8</u> of <u>17</u> continuation sheets attached to Schedule of</p> <p>Creditors Holding Unsecured Nonpriority Claims</p> <p style="text-align: right;">Subtotal \$ \$ 1,050.63</p> <p style="text-align: right;">Total \$</p> <p style="text-align: center; font-size: small;">(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 6724							
Representing: IL DEPT OF Revenue							
			LINEBARGER GOGGAN BLAIR & SAMP ATTORNEYS AT LAW PO BOX 06140 Chicago IL 60606				
Account No: 6724							\$ 420.00
Creditor # : 33 Instant cash Advance 1916 E. 95th St Chicago IL 60617							
Account No: 0250							Unknown
Creditor # : 34 Internal Revenue Service Austin IRS Center Stop 6692 AUSC Austin TX 73301							
Account No: 4101	H	2003-05-01					\$ 115.00
Creditor # : 35 JEWEL FOOD STORES 1955 W. NORTH AVE Melrose Park IL 60160							
Account No: 4101							
Representing: JEWEL FOOD STORES			H&F LAW 33 N LASALLE CHICAGO IL 60602				
Account No: 1899							\$ 221.00
Creditor # : 36 LITTLE COMPANY OF MARY HOSP. 2800 W. 95TH STREET Evergreen Park IL 60805							

Sheet No. 9 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 756.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1899							
Representing: LITTLE COMPANY OF MARY HOSP.							
			ILLINOIS COLLECTION SERVICE P.O. BOX 646 OAK LAWN IL 60454-0646				
Account No: 4702							\$ 1,624.28
Creditor # : 37 MARSHALL FIELDS 700 ON THE MALL MINNEAPOLIS MN 55472-0075							
Account No: 4702							
Representing: MARSHALL FIELDS			ALLIED DATA CORPORATION 13111 WESTHEIMER SUITE 400 Houston TX 77077				
Account No: 2560							\$ 113.27
Creditor # : 38 MARSHALLS 690							
Account No: 2560							
Representing: MARSHALLS 690			CERTEGY PAYMENT RECOVERY 11601 ROOSEVELT RD Saint Petersburg FL 33716				
Account No: 6016		H	2006-09-01				\$ 238.00
Creditor # : 39 MCI P.O. Box 17890 Denver CO 80217							

Sheet No. 10 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 1,975.55

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 6016 Representing: MCI			CBCS PO BOX 163250 COLUMBUS OH 43216				
Account No: 7132 Creditor # : 40 Mci Worldcom Co	H		2005-09-01				\$ 239.00
Account No: 7132 Representing: Mci Worldcom Co			PROGRESSIVE MANAGEME 1521 W CAMERON AV MANAGEMENT WEST COVINA CA 91790				
Account No: 8467 Creditor # : 41 Med1 Healthcare Bill	H		2003-01-01				\$ 75.00
Account No: 8467 Representing: Med1 Healthcare Bill			COLLECTION 700 LONGWATER DRIV NORWELL MA 02061				
Account No: 6587 Creditor # : 42 Midland 8875 Aero Drive Suite 200 San Diego CA 92123	H						\$ 639.00

Sheet No. 11 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 953.00**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 6587 Creditor # : 43 Midland Credit Mgmt 8875 Aero Dr San Diego CA 92123	H	2007-05-01					\$ 639.00
Account No: 6587 Representing: Midland Credit Mgmt		Riddle & Associates P.C. P.O. Box 1187 Sandy UT 84091-1187					
Account No: 1692 Creditor # : 44 National Credit Adjust 327 W 4th Ave Hutchinson KS 67501	H	2006-03-01					\$ 248.00
Account No: 0820 Creditor # : 45 Nicor Gas 1844 Ferry Road Naperville IL 60563	H	2007-04-02					\$ 293.00
Account No: 0808 Creditor # : 46 NORTHWESTERN MED F F P.O. BOX 75494 Chicago IL 60675							\$ 47.00
Account No: 0808 Representing: NORTHWESTERN MED F F		REVENUE PRODUCTION MNGMT, INC. P.O. BOX 925 Des Plaines IL 60018-0925					

Sheet No. 12 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 1,227.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 8031							\$ 47.00
Creditor # : 47 NORTHWESTERN MED F F P.O. BOX 75494 Chicago IL 60675							
Account No: -001							\$ 66.81
Creditor # : 48 NORTHWESTERN MEMORIAL HOSPITAL P.O. BOX 73690 Chicago IL 60673							
Account No: 2812	H						\$ 143.00
Creditor # : 49 Palisades 210 Sylvan Ave Englewood Cliffs NJ 07632							
Account No: 5527	H						\$ 204.00
Creditor # : 50 Palisades 210 Sylvan Ave Englewood Cliffs NJ 07632							
Account No: 7792	H	2005-03-01					\$ 357.00
Creditor # : 51 Sbc Illinois c/o Allied Interstate 3000 Corporate Exchange Drive Columbus OH 43231							
Account No: 7792							
Representing: Sbc Illinois		ALLIED INTERSTATE INC 435 FORD RD STE 800 MINNEAPOLIS MN 55426					

Sheet No. 13 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 817.81

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 6443 Creditor # : 52 SOUTH Holland Fire Dept. PO Box 438495 Chicago IL 60643							\$ 390.00
Account No: 6793 Creditor # : 53 T MOBILE USA, INC. T Mobile Bankruptcy P O Box 37380 Albuquerque NM 87176	H	2007-05-01					\$ 396.00
Account No: 6793 Representing: T MOBILE USA, INC.		AFNI, INC. PO BOX 3427 BLOOMINGTON IL 61702					
Account No: 6793 Representing: T MOBILE USA, INC.		BUREAU OF COLLECTION RECOVERY, 7575 CORPORATE WAY Eden Prairie MN 55344					
Account No: 6793 Representing: T MOBILE USA, INC.		CREDIT MANAGEMENT CONTROL P.O. BOX 1408 Racine WI 53401					
Account No: 3210 Creditor # : 54 THE UNIVERSITY OF CHICAGO PHYSICIANS GROUP P.O. BOX 75307 Chicago IL 60675							\$ 167.60

Sheet No. 14 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 953.60

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3210						
Representing: THE UNIVERSITY OF CHICAGO		ILLINOIS COLLECTION SERVICE P.O. BOX 646 OAK LAWN IL 60454-0646				
Account No: 1235						\$ 88.80
Creditor # : 55 THE UNIVERSITY OF CHICAGO HOSP 1122 Paysphere Circle Chicago IL 60674						
Account No: 1235						
Representing: THE UNIVERSITY OF CHICAGO HOSP		VMC & Associates., Inc. PO BOX 6035 Broadview IL 60155				
Account No: 8910						\$ 39.25
Creditor # : 56 THE UNIVERSITY OF CHICAGO HOSP 1122 Paysphere Circle Chicago IL 60674						
Account No: 8910						
Representing: THE UNIVERSITY OF CHICAGO HOSP		VMC & Associates., Inc. PO BOX 6035 Broadview IL 60155				
Account No: 12-7						\$ 887.09
Creditor # : 57 THE UNIVERSITY OF CHICAGO HOSP 1122 Paysphere Circle Chicago IL 60674						

Sheet No. 15 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 1,015.14

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 12-7						
Representing: THE UNIVERSITY OF CHICAGO HOSP		VMC & Associates., Inc. PO BOX 6035 Broadview IL 60155				
Account No: 6516						\$ 1,154.00
Creditor # : 58 THE UNIVERSITY OF CHICAGO HOSP 1122 Paysphere Circle Chicago IL 60674						
Account No: 0598						\$ 628.63
Creditor # : 59 TRIBUTE Mastercard PO Box 105555 Atlanta GA 30348						
Account No: 0598						
Representing: TRIBUTE Mastercard		MIDLAND CREDIT MNGMT DEPT. 8870 LOS ANGELES CA 90084-8870				
Account No: 0233						\$ 100.00
Creditor # : 60 TRINITY HOSPITAL 2320 E. 93rd ST. Chicago IL 60617						
Account No: 0233						
Representing: TRINITY HOSPITAL		MEDICAL RECOVERY SPECIALISTS 2200 E. DEVON AVE. SUITE 288 Des Plaines IL 60018				

Sheet No. 16 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 1,882.63

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Oretha M. Demus Jones,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 1956 Creditor # : 61 Village Of Calumet P c/o Municipal Collection Servi PO BOX 666 Lansing IL 60438	H	2002-08-14					\$ 250.00
Account No: 1956 Representing: Village Of Calumet P		RMI/MCSI 3348 RIDGE RD LANSING IL 60438					
Account No: Creditor # : 62 WASHINGTON MUTUAL FINANCE 434 E. 162ND South Holland IL 60473		judgment 01 M6 004128 Circuit Court of Cook County, IL					\$ 4,661.59
Account No: Representing: WASHINGTON MUTUAL FINANCE		Dutton, Barbara J. 10325 W. Lincoln Highway Frankfort IL 60423					
Account No:							
Account No:							

Sheet No. 17 of 17 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 4,911.59

Total \$ 66,080.22

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Oretha M. Demus Jones / Debtor Case No. _____
(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re Oretha M. Demus Jones / Debtor Case No. _____
(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceeding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re Oretha M. Demus Jones, Debtor(s), Case No. _____ (if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): son daughter daughter	AGE(S): 15 18 6
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	visual merchandising	
Name of Employer	Saks Inc.	
How Long Employed	2 years	
Address of Employer	700 N. Michigan Ave Chicago IL 60610	
INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 2,717.00	\$ 0.00
2. Estimate monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 2,717.00	\$ 0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 346.67	\$ 0.00
b. Insurance	\$ 242.67	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify):	\$ 0.00	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 589.33	\$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 2,127.67	\$ 0.00
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
11. Social security or government assistance (Specify):	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify): child support	\$ 500.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 500.00	\$ 0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 2,627.67	\$ 0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 2,627.67	
(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)		
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:		

In re Oretha M. Demus Jones,
Debtor(s)

Case No. _____
(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,000.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities: a. Electricity and heating fuel	\$ 170.00
b. Water and sewer	\$ 47.00
c. Telephone	\$ 88.00
d. Other <u>cell phone</u>	\$ 100.00
Other	\$ 0.00
Other	\$ 0.00
3. Home maintenance (repairs and upkeep)	\$ 25.00
4. Food	\$ 500.00
5. Clothing	\$ 300.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 0.00
8. Transportation (not including car payments)	\$ 250.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 0.00
10. Charitable contributions	\$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 0.00
b. Life	\$ 0.00
c. Health	\$ 0.00
d. Auto	\$ 112.00
e. Other	\$ 0.00
Other	\$ 0.00
Other	\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage) (Specify)	\$ 0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 0.00
b. Other:	\$ 0.00
c. Other:	\$ 0.00
d. Other:	\$ 0.00
14. Alimony, maintenance, and support paid to others	\$ 0.00
15. Payments for support of additional dependents not living at your home	\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0.00
17. Other: <u>Personal Items and Grooming</u>	\$ 150.00
Other:	\$ 0.00
Other:	\$ 0.00
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 2,792.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 16 of Schedule I	\$ 2,627.67
b. Average monthly expenses from Line 18 above	\$ 2,792.00
c. Monthly net income (a. minus b.)	\$ (164.33)

**UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Oretha M. Demus Jones*

Case No.

Chapter: 7

_____/Debtor(s)

Attorney For Debtor: *MICHAEL R. RICHMOND*

LIST OF CREDITORS

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
1	<i>Aac Po Box 2036 28405 Van Dyke Rd Warren, MI 48093</i>			\$ 357.00
2	<i>Acl Laboratories PO BOX 27901 Milwaukee, WI 53227</i>			\$ 510.20
3	<i>ADVOCATE HEALTH 21014 NETWORK PLACE Chicago, IL 60673</i>			\$ 30.00
4	<i>ADVOCATE HEALTH Centers 21014 Network Place Chicago, IL 60673</i>			\$ 165.85
5	<i>Affirmative Insuranc 150 Harvester Drive, Suite 300 BURR RIDGE, IL 60527</i>			\$ 67.00
6	<i>Afni-bloom 404 Brock Dr Po Box 3097 Bloomington, IL 61701</i>			\$ 396.00
7	<i>AMERICA ONLINE P.O. BOX 17400 Jacksonville, FL 32245-7400</i>			\$ 470.50
8	<i>AMERICA ONLINE P.O. BOX 29593 NEW YORK, NY 10087-9593</i>			\$ 115.60

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
9	AMERICASH LOANS 880 Lee Street Suite 302 Des Plaines, IL 60016			\$ 248.07
10	Americredit 801 Cherry St Ste 3900 Fort Worth, TX 76102			\$ 17,855.61
11	AT&T BANKRUPTCY DEPARTMENT 175 W. Houston PO Box 2933 San Antonio, TX 78299-2933			\$ 357.00
12	AT&T Wireless P.O. BOX 1116 Minnetonka, MN 55345			\$ 143.00
13	AT&T Wireless ATTN:CREDIT INVESTIGATION TEAM PO BOX 8758 Portland, OR 97207			\$ 204.00
14	Bloom/fdsb 9111 Duke Drive Mason, OH 45040			\$ 1,960.00
15	Cap One Bk Po Box 85520 Richmond, VA 23285			\$ 1,042.00
16	CITY OF CHICAGO DEP. OF REVENUE Dept of Revenue-EMS 33589 Treasury Cente CHICAGO, IL 60680-1292			\$ 283.00
17	CITY OF CHICAGO DEPT OF REVENUE PO BOX 88292 Chicago, IL 60680			\$ 100.00
18	City of Chicago-Bureau Parking 121 N. LaSalle St. Room 107 Bankruptcy Chicago, IL 60602	Parking ticket fines IL Plate NO. 6474442		\$ 400.00
19	COMCAST P O BOX 3002 SOUTHEASTERN, PA 19398-3002			\$ 104.44

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
20	<i>Credit Acceptance Po Box 513 Southfield, MI 48037</i>			<i>\$ 9,866.00</i>
21	<i>CREDIT ACCEPTANCE CORPORATION 25505 WEST TWELVE MILE ROAD P.O. BOX 513 Southfield, MI 48037</i>	<i>judgment 05 MI 183527 Circuit Court of Cook County, IL</i>		<i>\$ 10,948.00</i>
22	<i>DDS Sales, Inc 646 Burnham Ave Calumet City, IL 60409</i>			<i>\$ 2,029.00</i>
23	<i>DEPT OF Administrative Hearing</i>			<i>\$ 160.00</i>
24	<i>DEPT OF EMPLOYMENT SECURITY STATE OF ILLINOIS PO BOX 7350 Chicago, IL 60680</i>			<i>Unknown</i>
25	<i>Evergreen Emergency</i>			<i>\$ 71.00</i>
26	<i>Evergreen Medical Sp</i>			<i>\$ 180.00</i>
27	<i>First Cash Financial</i>			<i>\$ 445.00</i>
28	<i>First Credit Corporation PO Box 9300 Boulder, CO 80301</i>			<i>\$ 2,029.00</i>
29	<i>GFG Loan Company c/o Niko Credit Services 3435 N. Cicero Ave. Chicago, IL 60641</i>			<i>\$ 270.90</i>
30	<i>HIGHLIGHT BOOKS 1800 WATERMARK DR. Columbus, OH 43218</i>			<i>\$ 20.70</i>

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
31	<i>Hsbc/saks 140 W Industrial Dr Elmhurst, IL 60126</i>			<i>\$ 265.00</i>
32	<i>IL DEPT OF Revenue c/o Linebarger Goggan Blair & PO BOX 06140 Chicago, IL 60606</i>			<i>\$ 494.03</i>
33	<i>Instant cash Advance 1916 E. 95th St Chicago, IL 60617</i>			<i>\$ 420.00</i>
34	<i>Internal Revenue Service Austin IRS Center Stop 6692 AUSC Austin, TX 73301</i>			<i>Unknown</i>
35	<i>JEWEL FOOD STORES 1955 W. NORTH AVE Melrose Park, IL 60160</i>			<i>\$ 115.00</i>
36	<i>LITTLE COMPANY OF MARY HOSP. 2800 W. 95TH STREET Evergreen Park, IL 60805</i>			<i>\$ 221.00</i>
37	<i>MARSHALL FIELDS 700 ON THE MALL MINNEAPOLIS, MN 55472-0075</i>			<i>\$ 1,624.28</i>
38	<i>MARSHALLS 690</i>			<i>\$ 113.27</i>
39	<i>MCI P.O. Box 17890 Denver, CO 80217</i>			<i>\$ 238.00</i>
40	<i>Mci Worldcom Co</i>			<i>\$ 239.00</i>
41	<i>Med1 Healthcare Bill</i>			<i>\$ 75.00</i>

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
42	Midland 8875 Aero Drive Suite 200 San Diego, CA 92123			\$ 639.00
43	Midland Credit Mgmt 8875 Aero Dr San Diego, CA 92123			\$ 639.00
44	National Credit Adjust 327 W 4th Ave Hutchinson, KS 67501			\$ 248.00
45	Nicor Gas 1844 Ferry Road Naperville, IL 60563			\$ 293.00
46	NORTHWESTERN MED F F P.O. BOX 75494 Chicago, IL 60675			\$ 47.00
47	NORTHWESTERN MED F F P.O. BOX 75494 Chicago, IL 60675			\$ 47.00
48	NORTHWESTERN MEMORIAL HOSPITAL P.O. BOX 73690 Chicago, IL 60673			\$ 66.81
49	Palisades 210 Sylvan Ave Englewood Cliffs, NJ 07632			\$ 143.00
50	Palisades 210 Sylvan Ave Englewood Cliffs, NJ 07632			\$ 204.00
51	Sbc Illinois c/o Allied Interstate 3000 Corporate Exchange Drive Columbus, OH 43231			\$ 357.00
52	SOUTH Holland Fire Dept. PO Box 438495 Chicago, IL 60643			\$ 390.00

LIST OF CREDITORS

(Continuation Sheet)

#	CREDITOR	CLAIM AND SECURITY	C D S U	CLAIM AMOUNT
53	T MOBILE USA, INC. T Mobile Bankruptcy P O Box 37380 Albuquerque, NM 87176			\$ 396.00
54	THE UNIVERSITY OF CHICAGO PHYSICIANS GROUP P.O. BOX 75307 Chicago, IL 60675			\$ 167.60
55	THE UNIVERSITY OF CHICAGO HOSP 1122 Paysphere Circle Chicago, IL 60674			\$ 88.80
56	THE UNIVERSITY OF CHICAGO HOSP 1122 Paysphere Circle Chicago, IL 60674			\$ 39.25
57	THE UNIVERSITY OF CHICAGO HOSP 1122 Paysphere Circle Chicago, IL 60674			\$ 887.09
58	THE UNIVERSITY OF CHICAGO HOSP 1122 Paysphere Circle Chicago, IL 60674			\$ 1,154.00
59	TRIBUTE Mastercard PO Box 105555 Atlanta, GA 30348			\$ 628.63
60	TRINITY HOSPITAL 2320 E. 93rd ST. Chicago, IL 60617			\$ 100.00
61	Village Of Calumet P c/o Municipal Collection Servi PO BOX 666 Lansing, IL 60438			\$ 250.00
62	WASHINGTON MUTUAL FINANCE 434 E. 162ND South Holland, IL 60473	judgment 01 M6 004128 Circuit Court of Cook County, IL		\$ 4,661.59

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Oretha M. Demus Jones*

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: **MICHAEL R. RICHMOND**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 2/25/2008

/s/ Oretha M. Demus Jones
Debtor

Aac Document Page 51 of 67
Po Box 2036 28405 Van Dyke Rd
Warren, MI 48093

Acl Laboratories
PO BOX 27901
Milwaukee, WI 53227

ADVOCATE HEALTH
21014 NETWORK PLACE
Chicago, IL 60673

ADVOCATE HEALTH Centers
21014 Network Place
Chicago, IL 60673

Affirmative Insuranc
150 Harvester Drive, Suite 300
BURR RIDGE, IL 60527

AFNI, INC.
PO BOX 3427
BLOOMINGTON, IL 61702

Afni-bloom
404 Brock Dr Po Box 3097
Bloomington, IL 61701

Alliance Asset Management, Inc
330 Georgetown Square
Suite 104
Wood Dale, IL 60191

ALLIED DATA CORPORATION
13111 WESTHEIMER
SUITE 400
Houston, TX 77077

ALLIED INTERSTATE
3000 CORPORATE EXCHANGE DR.
Columbus, OH 43231

ALLIED INTERSTATE INC
435 FORD RD STE 800
MINNEAPOLIS, MN 55426

AMERICA ONLINE
P.O. BOX 17400
Jacksonville, FL 32245-7400

AMERICA ONLINE
P.O. BOX 29593
NEW YORK, NY 10087-9593

AMERICASH LOANS
880 Lee Street
Suite 302
Des Plaines, IL 60016

Americredit
801 Cherry St Ste 3900
Fort Worth, TX 76102

ASSET ACCEPTANCE LLC
PO BOX 2036
WARREN, MI 48090

AT&T
BANKRUPTCY DEPARTMENT
175 W. Houston PO Box 2933
San Antonio, TX 78299-2933

AT&T Wireless
P.O. BOX 1116
Minnetonka, MN 55345

AT&T Wireless
ATTN:CREDIT INVESTIGATION TEAM
PO BOX 8758
Portland, OR 97207

BLITT AND GAINES, PC.
661 Glenn Ave.
Wheeling, IL 60090

Bloom/fdsb
9111 Duke Drive
Mason, OH 45040

BUREAU OF COLLECTION RECOVERY,
7575 CORPORATE WAY
Eden Prairie, MN 55344

Cap One Bk
Po Box 85520
Richmond, VA 23285

CBCS
PO BOX 163250
COLUMBUS, OH 43216

CERTEGY PAYMENT RECOVERY
11601 ROOSEVELT RD
Saint Petersburg, FL 33716

CITY OF CHICAGO
DEPT OF REVENUE
PO BOX 88292
Chicago, IL 60680

CITY OF CHICAGO DEP. OF REVENUE
Dept of Revenue-EMS
33589 Treasury Cente
CHICAGO, IL 60680-1292

City of Chicago-Bureau Parking
121 N. LaSalle St. Room 107
Bankruptcy
Chicago, IL 60602

700 LONGWATER DRIV
NORWELL, MA 02061

Collection Services
PO BOX 27901
Milwaukee, WI 53227

COMCAST
P O BOX 3002
SOUTHEASTERN, PA 19398-3002

Credit Acceptance
Po Box 513
Southfield, MI 48037

CREDIT ACCEPTANCE CORPORATION
25505 WEST TWELVE MILE ROAD
P.O. BOX 513
Southfield, MI 48037

CREDIT MANAGEMENT CONTROL
P.O. BOX 1408
Racine, WI 53401

CREDIT PROTECTION ASSOC
13355 Noel Road
Dallas, TX 75240

DDS Sales, Inc
646 Burnham Ave
Calumet City, IL 60409

Oretha M. Demus Jones
712 E. 158th St.
South Holland, IL 60473

DEPT OF Administrative Hearing

DEPT OF EMPLOYMENT SECURITY
STATE OF ILLINOIS
PO BOX 7350
Chicago, IL 60680

Dutton, Barbara J.
10325 W. Lincoln Highway
Frankfort, IL 60423

Evergreen Emergency

Evergreen Medical Sp

First Cash Financial

First Credit Corporation
PO Box 9300
Boulder, CO 80301

c/o Niko Credit Services
3435 N. Cicero Ave.
Chicago, IL 60641

H&F LAW
33 N LASALLE
CHICAGO, IL 60602

HIGHLIGHT BOOKS
1800 WATERMARK DR.
Columbus, OH 43218

Hsbc/saks
140 W Industrial Dr
Elmhurst, IL 60126

IL DEPT OF Revenue
c/o Linebarger Goggan Blair &
PO BOX 06140
Chicago, IL 60606

ILLINOIS COLLECTION SERVICE
P.O. BOX 646
OAK LAWN, IL 60454-0646

Instant cash Advance
1916 E. 95th St
Chicago, IL 60617

Internal Revenue Service
Austin IRS Center
Stop 6692 AUSC
Austin, TX 73301

JEWEL FOOD STORES
1955 W. NORTH AVE
Melrose Park, IL 60160

LAW OFFICE OF MITCHELL N. KAY
PO BOX 2374
CHICAGO, IL 60690-2374

LINEBARGER GOGGAN BLAIR & SAMP
ATTORNEYS AT LAW
PO BOX 06152
Chicago, IL 60606

LINEBARGER GOGGAN BLAIR & SAMP
ATTORNEYS AT LAW
PO BOX 06140
Chicago, IL 60606

LITTLE COMPANY OF MARY HOSP.
2800 W. 95TH STREET
Evergreen Park, IL 60805

MALCOLM S. GERALD & ASSOC
332 S. MICHIGAN AVE.
SUITE 600
Chicago, IL 60604

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MARSHALL FIELDS
700 ON THE MALL
MINNEAPOLIS, MN 55472-0075

MARSHALLS 690

MCI
P.O. Box 17890
Denver, CO 80217

Mci Worldcom Co

Med1 Healthcare Bill

MEDICAL COLLECTIONS SY
725 S. WELLS AVE STE 700
CHICAGO, IL 60607

MEDICAL RECOVERY SPECIALISTS
2200 E. DEVON AVE.
SUITE 288
Des Plaines, IL 60018

MICHAEL R. RICHMOND
33 NORTH DEARBORN STREET
SUITE 1600
CHICAGO, IL 60602

Midland
8875 Aero Drive Suite 200
San Diego, CA 92123

Midland Credit Mgmt
8875 Aero Dr
San Diego, CA 92123

MIDLAND CREDIT MNGMT
DEPT. 8870
LOS ANGELES, CA 90084-8870

National Credit Adjust
327 W 4th Ave
Hutchinson, KS 67501

Nicor Gas
1844 Ferry Road
Naperville, IL 60563

NIKO CREDIT SERVICES L.P.
3435 N. Cicero Ave.
Chicago, IL 60641

NORTHWESTERN MED F F
P.O. BOX 75494
Chicago, IL 60675

NORTHWESTERN MEMORIAL HOSPITAL
P.O. BOX 73690
Chicago, IL 60673

Palisades
210 Sylvan Ave
Englewood Cliffs, NJ 07632

PALISADES COLLECTION L
210 SYLVAN AVE
ENGLEWOOD, NJ 07632

PARAGON WAY INC
2101 W BEN WHITE BLVD
AUSTIN, TX 78704

PFG of MINNESOTA
7825 Washington Ave S
Ste 310
Minneapolis, MN 55439

PROGRESSIVE MANAGEME
1521 W CAMERON AV MANAGEMENT
WEST COVINA, CA 91790

PROGRESSIVE RECOVERY TECH
P.O. BOX 802079
Chicago, IL 60680

REVENUE PRODUCTION MNGMT, INC.
P.O. BOX 925
Des Plaines, IL 60018-0925

Riddle & Associates P.C.
P.O. Box 1187
Sandy, UT 84091-1187

RMCB
2269 SOUTH SAW MILL RIVER RD.
BUILDING 3
Elmsford, NY 10523

RMI/MCSI
3348 RIDGE RD
LANSING, IL 60438

Sbc Illinois
c/o Allied INTERstate
3000 Corporate Exchange Drive
Columbus, OH 43231

SOUTH Holland Fire Dept.
PO Box 438495
Chicago, IL 60643

T MOBILE USA, INC.
T Mobile Bankruptcy
P O Box 37380
Albuquerque, NM 87176

THE UNIVERSITY OF CHICAGO
PHYSICIANS GROUP
P.O. BOX 75307
Chicago, IL 60675

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THE UNIVERSITY OF CHICAGO HOSP
1122 Paysphere Circle
Chicago, IL 60674

TRIBUTE Mastercard
PO Box 105555
Atlanta, GA 30348

TRINITY HOSPITAL
2320 E. 93rd ST.
Chicago, IL 60617

Village Of Calumet P
c/o Municipal Collection Servi
PO BOX 666
Lansing, IL 60438

VMC & Associates., Inc.
PO BOX 6035
Broadview, IL 60155

WASHINGTON MUTUAL FINANCE
434 E. 162ND
South Holland, IL 60473

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Oretha M. Demus Jones*Case No.
Chapter 7

_____/ Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☒ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<i>None</i>					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

Signature of Debtor(s)

Date: 2/25/2008Debtor: /s/ Oretha M. Demus Jones

Date: _____

Joint Debtor: _____

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re: *Oretha M. Demus Jones*

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

*Year to date: \$2,795**Last Year: \$29,281**Year before: \$28,313*

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

*Year to date: \$1,000 approx**child support**Last Year: \$6,000 approx*

AMOUNT SOURCE

Year before: \$1,000 approx

3. Payments to creditors

None Complete a. or b., as appropriate, and c.

☐

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<i>Creditor: Best Buy</i>	<i>02/08</i>	<i>\$1,100</i>	<i>0</i>
<i>Address: Homewood, IL (bought computer)</i>			

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<i>Credit Acceptance</i> <i>v.</i> <i>Oretha Jones</i> <i>05 M1 183527</i>	<i>contract</i>	<i>Circuit Court of Cook County, IL</i>	<i>judgment</i>
<i>Washington Mutual</i> <i>v.</i> <i>Oretha Jones</i> <i>01 M6 004128</i>		<i>Circuit Court of Cook County</i>	<i>judgment</i>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Payee: HELLER & RICHMOND, LTD. Address: 33 NORTH DEARBORN STREET SUITE 1600 CHICAGO, IL 60602	Date of Payment: Payor: Oretha M. Demus Jones	\$550.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
<i>Debtor: 15807 S. Park Ave. South Holland, IL Address:</i>	<i>Name(s) :</i>	<i>1 year through April 07</i>

<i>Debtor:</i>	<i>Name(s) :</i>
<i>Address: Yates Ave. Chicago</i>	

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None



For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 2/25/2008

Signature /s/ Oretha M. Demus Jones
of Debtor

Date _____

Signature _____
of Joint Debtor
(if any)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Oretha M. Demus Jones*Case No.
Chapter 7

_____/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 5,400.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	18		\$ 66,080.22	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 2,627.67
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,792.00
TOTAL		29	\$ 5,400.00	\$ 66,080.22	

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**In re *Oretha M. Demus Jones*

Case No.

Chapter 7

_____/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 2,627.67
Average Expenses (from Schedule J, Line 18)	\$ 2,792.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 5,217.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 66,080.22
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 66,080.22

In re **Oretha M. Demus Jones**
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 2/25/2008

Signature /s/ Oretha M. Demus Jones
Oretha M. Demus Jones

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.